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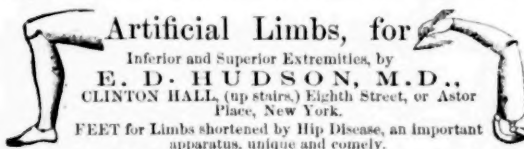
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* * The above work is the result of a commission sent by the French Government to the Crimea to report upon the condition of the Hospitals and troops of the French army, and incidentally of the English and Sardinian armies. It is written in the form of a narrative, and the great questions of the *prevention and control of disease in camps and hospitals* are thoroughly discussed. The hygienic conditions of the United States Army are similar to those of the armies of the Crimea; the rules and prescriptions given in the book will, therefore, be found perfectly applicable. This work recommends itself to commanders of regiments as well as army surgeons.

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We have only been able here to refer to certain of the more prominent facts concerning diphtheria; but we believe we have said enough to recommend this well-written treatise to the attention of the profession.—*British Medical Journal.*

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BY THE LATE

C. VAN ALLEN ANDERSON, M.D.,

PHYSICIAN TO CHILDREN'S DEPARTMENT, DEMILT DISPENSARY, N. Y.

PART III.

CORYZA MALIGNA, ETC.

CORYZA sometimes assumes other forms, which are of much more importance than the simple inflammation of the Schneiderian membrane, lasting three or four days, and distinguished by the copious flow of mucus. Thus we have coryza maligna, well known in the foundling hospitals of Europe; syphilitic coryza, not a stranger in any part of the world; and a peculiar typhoid form which prevailed in England about seventy years ago. Coryza, moreover, accompanies some blood poisons; it is one of the marked symptoms in the invasion of measles; it is often present in cases of diphtheria, and may be one of the most formidable complications of scarlatina. Coryza maligna occurs in debilitated children whose strength has been reduced by impure air, improper diet, or any other enfeebling cause. The accompanying fever, which is more marked and prolonged than in simple coryza, is asthenic in its type, and the whole course of the disease shows depression of the vital powers. At the same time the mucus which is secreted in the nasal fosse is very tenacious in its consistency, or else the interior of the nose becomes lined with a false membrane, which entirely prevents the passage of the air, and may even extend to the tonsils and pharynx. Dr. West records a case in which the mouth was full of aropy mucus, which it was necessary from time to time to remove with the hand. On the eighth day of the disease "the child's powers seemed much depressed; it sucked eagerly, for the secretion from the nose had become almost watery, but it swallowed with much difficulty. A layer of false membrane of a yellowish white color had now appeared on the soft palate and back of the hard palate, and on the tonsils." Proper measures being used this pseudo-membrane entirely disappeared by the eleventh day, and the infant, after a tedious convalescence, recovered. The dangers in this variety are twofold. Death may arise either from the weakening disposition of the disease itself, causing a fatal degree of asthenia, or else the nose being occluded, and the infant rendered unable to suck, it may undergo the agonies of starvation. This coryza maligna is, however, I believe, rare in this country; at least I have seen it but once in some five or six thousand cases of all diseases; and it does not appear familiar to English writers, except as being found in the works of continental authorities on diseases of children. An epidemic of a peculiar kind of coryza appeared in England in 1790, and was observed and described by Dr. Denman. It had very much the same symptoms as the last form which I have brought before you. The discharge from the nose was thick and puriform; dyspnoea was observed, not constant, but sometimes so distressing as to require an attendant to keep the child's mouth open; as were also fulness about the throat and neck externally, and a curious purple streak on the margin of the eyelids, which Denman regarded as pathognomonic. In a few days the infant became weak and languid, and the tonsils were found tumefied and of a dark red color, with ash-colored specks upon them, and in some there were extensive ulcerations. As the asthenia showed itself more and more there was a "catch in the respiration, as if the velum pendulum palati were elongated." Accompanying this constitutional debility was a disordered condition of the stomach and bowels, manifested by thick,

pasty evacuations of a green or blue color. Six out of eight cases died, but on post-mortem examination no organic alteration was discovered beyond the signs of intense inflammation of the Schneiderian membrane. The treatment of the simple form of coryza is almost nothing, provided always it is not a symptom of a general affection of the mucous membranes. A mild diaphoretic, if the skin be very warm, will be advisable at intervals through the day, and a dose of purgative medicine with a warm bath at night.

The local distress and discomfort may be much relieved by warm fomentations—a hollow sponge dipped in hot water, and squeezed nearly dry, then laid on the child's nose and forehead, will enable you to apply the vapor bath externally and internally. Dr. Churchill recommends the greasing of the outside of the nose, which he says he knows by experience to be very useful, though he is unable to explain the reason why, and I myself can cheerfully endorse his statement. If the nose be very much obstructed, it is hardly necessary to inform you that the child must be fed artificially. Coryza maligna requires both general and local treatment. The depression of the vital powers calls imperatively for stimulants and tonics; while the distress about the nose, and the tendency to the formation of false membrane, must be met with particular care and attention.

Mucosities and incrustations which close up the nares are to be removed by lotions of marshmallow, linseed, or of milk obtained from the breast of the mother. When the pseudo-membrane appears, injections should be made with a glass syringe of alum, or of nitrate of silver—one grain and a half of the salt to one ounce of water—of sulphate of copper, in the proportion of four grains and a half to the ounce—or of sulphate of zinc in the same quantities. A very good way is to touch the orifice of the nostrils lightly with a stick of lunar caustic, and then to inject a little tepid water. If the nasal obstructions be such as entirely to prevent respiration, some French writers recommend the introduction of a small silver tube into each nostril, flattened and curved from before backwards, following the course of the flow of the fosse, and fastened to each other under the nose. These two canulae allow the passage of air, and prevent the child's dying at once by giving the disease time to cure itself. During the whole progress of the disorder you should frequently investigate the condition of the fauces, and on the supervention of any unusual redness there, promptly use the same topical applications. The most interesting of all the forms of coryza is that which depends upon congenital syphilis. The disease itself is peculiar, its symptoms remarkable, and the prophylactic measures which it demands, of great value. Its intensity varies greatly. You will occasionally have a coryza in young infants, which continues for a length of time in defiance of your treatment, presenting only the usual symptoms of the disease. Sometimes you will find a few copper-colored spots on some portion of the cutaneous surface, or may be able to trace a venereal taint in one or both parents, when your diagnosis will be clear; at other times you will not be aware of its true nature, until, driven in despair to some one of the anti-syphilitic remedies, the cure is effected. Yet though these mild cases of the disorder are now and then met with, there is no doubt that syphilitic coryza is a very terrible disease. Although at birth you may have evidences of the constitutional poison, yet most authorities agree that there is a period of incubation in the newly born child before the specific symptoms show themselves, and that among the earliest of these symptoms is a discharge from the nose. This period of incubation varies, though in the majority it does not last more than three months after birth. In an analysis of 158 cases by M. Diday, he found that 131 presented symptoms of the complaint before the end of the second month, 110 before the end of six weeks, and 86 before the end of four. The symptoms of the coryza of syphilis are at first the same as those of the ordinary form of the disease. There

is the same discharge from the nostrils, and the same difficulty and distress in breathing and in sucking. The mucus, however, in the nose, owing to the constant evaporation of its fluid portion, finally assumes a condition of solidity, and is deposited upon the membrane in the shape of crusts. These crusts constantly accumulate and narrow the passage for the air through the nasal fosse, until finally they become completely blocked up, and the child's respiration materially interfered with. This embarrassment gives rise to continual effort to detach the crusts—these efforts are successful, but instead of affording relief cause a hæmorrhage from the vascular membrane, which in many instances becomes a dangerous epistaxis. The next step in the progress of the symptoms—and one which is made in the course of a few days—is the establishment of ulceration. Pustules, fissures, and ulcers, begin to appear on the alæ nasi and the upper lip, and perhaps invade the larynx, rendering the voice hoarse and indistinct.

By this time, too, the nasal discharge is altered in character, assuming a puriform appearance. The Schneiderian membrane has been invaded, and is devoured by the baleful disease; but the destroyer is not satisfied by the disappearance of the soft tissues; the bones of the nose are next seized upon, and undergo necrosis; portions of them are discharged through the nostrils, and finally that hideous deformity occurs which results from the absence of the solid framework of this organ. Your diagnosis will be readily made, not only by the rapid progress and threatening character of the disease—by its peculiar action on the Schneiderian membrane, and on the bones of the nose—but also by the general symptoms of syphilis which you will discover in your patient. I do not intend to enter into them, for this congenital malady is a study by itself; but let me recommend you when you meet with coryza within six weeks of birth, always to look for mucous patches in the vicinity of the anus or perineum, or for some one of the cutaneous lesions which accompany this constitutional taint. The treatment of the disease is the treatment of syphilis—with the remedies for which I have no doubt you are all familiar. You must not be contented with medicating the child without paying attention to those about it; and you must not recognise the disorder without remembering the dangers which accompany it. Medicine will be of no use, if your patient continually imbibe the poison with its food; you must make inquiries as to the health of the mother and nurse, and if they are diseased, treat *them*, while at the same time you procure a healthy nurse for the infant, and prevent its being fed by any one else. Moreover, remember always that congenital syphilis is undeniably contagious; that a woman who has never been exposed to the primary infection may acquire the disease from her suckling, and that the duty of a medical man requires imperatively not only that he should alleviate or cure a malady, but also that, when it is in his power, he should prevent it. In conclusion, I shall read to you a case taken from the work of M. Bouchut, which illustrates extremely well what I have just told you.

"Celestine Victoria was born at L'Ouraine, Feb. 10th, 1842; her mother had, four years ago, sores on the vulva, for which she was admitted into the Hôpital des Cliniques, where she only remained fifteen days, and the cure was effected by means of ointments. As regards the child, who was quite well during the first weeks, she was attacked about the 25th or 26th of March with coryza, which was marked by extreme pains on breathing through the nose—a discharge from the nose, which was at first purulent, subsequently bloody, occasionally, indeed, a discharge of pure blood. The mother troubled herself but little about the coryza until she noticed the discharge of blood, and then, in the early part of April, she noticed the appearance of numerous red spots in the fold of the nates; next a superficial ulceration of the middle portion of the palatine arch near the soft palate. At this time the mother showed me the ulceration on the palatine arch, which I cauterized with a pencil of nitrate of silver. April 8th.—The

following is the present condition of the child:—Respiration through the nose, which is well formed, is almost impossible; the little patient is therefore obliged to breathe entirely by the mouth. There is a profuse nasal discharge, which appears to consist principally of pus, but which is at times, according to the mother's statements, accompanied by a discharge of blood. On the middle surface of the palatine arch, near the soft palate, is a ragged ulcer, not deep, with a light grey surface from 0.12 to 0.16 of an inch long, and about 0.64 of an inch broad. Around the anus, on the internal surface of the nates, and a little way down the thighs, are several red patches of a vivid red color, but raised, some of which are superficially ulcerated and red at these points. Cleanliness was insisted upon, and cerate dressings to the red patches on the nates. The ulcer on the palate was occasionally touched with the pencil of the nitrate of silver. With respect to the nasal affection, the good effect produced at this time in another little patient in the same ward, encouraged M. Nélaton to prescribe seven grains of the iodide of potassium to be taken daily. This child was nearly the same age, and had the same affection of the nose as in the present case, and like this was born of a mother with the syphilitic taint. April 11th.—As yet no great change, except that on the outer two-thirds of the tongue are numerous whitish patches very like thrush; the mother, however, declares that this portion of the tongue has always been white, less indeed than it is at the present time. Being in doubt, and as another child had just died the same day of thrush in bed No. 5 of the same ward, M. Nélaton ordered the white part of the tongue to be touched with a brush previously dipped in a mixture of mel rose and hydrochloric acid. April 17th.—The child still continues to have a very abundant purulent discharge from the nostrils; the ulcer on the roof of the palate is cicatrized, but the left eyelids have been since yesterday red externally, and greatly swollen, as in purulent ophthalmia; notwithstanding this the conjunctiva is but slightly reddened, and there is very little purulent secretion. The right eyelids are slightly red externally; to be touched night and morning with a brush dipped in a solution of nitrate of silver. April 25th.—The palatine arch is now quite healthy, the ulcerations around the anus are also cured, the nose is progressing favorably, air can already pass by the nostrils, and the discharge has well-nigh ceased. May 1st.—The improvement still continues. May 5th.—There exists no longer any disease. May 19th.—The child has ceased to take the iodide of potassium. For several days the cure has been complete; the child is to be vaccinated by two punctures in each arm. May 25th.—The vaccine matter has not taken, but this is a common case in the ward. June 5th.—The child is discharged with the mother, both of them being quite well."*

THE HEALTH OF THE WESTERN ARMIES.—We have recently conversed with several surgeons from Gen. Rosecrans' and Grant's armies. They all agree in representing the health of the troops as excellent. This is especially true of the Army of the Cumberland. Under the excellent direction of Dr. Glover Perin, Surgeon U.S.A., and Medical Director of Gen. Rosecrans' army, the health and comfort of the troops have greatly improved. Dr. Perin is one of the most indefatigable and conscientious surgeons in the army. His recommendations for improved cooking and general sanitary regulations have been fully endorsed by Gen. Rosecrans. The army is well supplied with everything in the medical line.—*Lancet & Obs.*

THE MEDICAL COLLEGE OF OHIO is in the midst of its special summer session, with a large class, there being nearly seventy matriculants on the books.—*Lancet & Obs.*

LONGVIEW ASYLUM.—Drs. J. B. Hall and J. W. Mock have been appointed assistant-physicians to the Longview (Hamilton Co., Ohio) Lunatic Asylum.

* Bouchut, Dis. of Child, p. 188.

Original Communications.

REPORT OF SIXTY CASES OF HOSPITAL GANGRENE,

TREATED

By ALFRED NORTH, Act. Assist. Surg.

AT U.S.A. GENERAL HOSPITAL, FREDERICK, MD.

Hospital Gangrene is a species of moist Gangrene or Phagedena, which is characterized by the rapidity of its progress and by its infectious nature; in a mild form it occasionally makes its appearance in civil hospitals, but it is in overcrowded and in ill ventilated apartments that it is more commonly met with, and it is here that its true character can be most correctly and thoroughly studied. This disease made its appearance in this hospital about the middle of October. For the preceding three weeks the beds, floors, and even the greater part of the grounds had been occupied by the severely wounded from the battle-fields of South Mountain and Antietam (September 14th and 17th, 1862). The two barracks in which the disease first made its appearance were erected for the temporary occupation of the Provost City Guard, and from necessity used for hospital purposes, in order to accommodate the great number which was daily arriving. The floors were so slightly elevated from the ground as not to allow of the free circulation of air beneath them, and the windows so arranged that they could not be opened without blowing directly upon the beds, and even when this mode of ventilation was attempted the windows were frequently closed by the patients, especially at night, when fresh air was most needed. The utmost attention was paid to cleanliness before and after the outbreak of the disease. Every man was furnished with a new sponge, which was frequently and thoroughly washed and kept in view at the head of his bed; the soiled dressings, as soon as removed, were taken from the ward; regular inspections were made by the medical officer of the day, and by a reliable night watchman. Sixty-five patients were allowed to each barrack, which gave six hundred and twenty cubic feet of air to each patient. The commencement and progress of hospital gangrene, for a time, were very insidious; the open wounds, instead of cicatrizing rapidly as they had previously done, began to assume a sloughy and unhealthy appearance; this was especially noticed in patients occupying corners of the wards. Erysipelas and pyemia also prevailed to a considerable extent, and minor operations were frequently followed by disastrous results. Thus, a disease which at first was but a simple sloughing ulcer, became one, the very name of which was, and continues to be, a word of terror to every wounded man in the hospital.

As soon as hospital gangrene was clearly recognised as such, the patients affected were immediately transferred to a tent fitted up for the purpose, and placed under my care; in this way sixty cases of the disease came under my observation during the last three months. It usually attacked ulcers that had nearly cicatrized. My attention was usually first called to them by the common, and I might almost say universal expression—"Doctor, I have a burning pain in my wound, and it is growing much larger." Upon examination the edges of the ulcer were found thickened, indurated, undermined, and jagged in appearance, the surrounding areola of a dark purple color, and the surface of the ulcer covered with a greyish exudation; if this was allowed to go on without treatment, or only simple dressings, for two or three days, extensive destruction of tissue, as of the calf of the leg or the muscles of the buttock, would take place, leaving behind a disorganized pulsatous slough, exhaling a peculiar stench, which, when once recognised, could never be mistaken. The concentric development spoken of by most writers upon this subject, especially Guthrie and Blackadder, has not been noticed here,

except in very mild cases. The extension of the disease, for a time, seemed confined principally to the cellular tissue along the course of the muscles, the sheaths of which were finally stripped off, then the fibres of the muscles themselves were involved. The large nerves and arteries were the last to yield to the onward march of the disease; but these in time would give way (see Case No. I.) if the progress of the disease was not limited by the application of nitric acid. In this way I have seen good dissections made of the posterior portion of the thigh and of the calf of the leg. There are two characteristics always peculiar to this disease in which it differs from all other forms of gangrene, the one its peculiar odor or stench, and the other its depressing influence upon the mind; the former was noticed in fifty-three cases, and was so marked that it could be recognised upon my hands during all the day after handling the diseased parts, although disinfectant liquids were freely used. The latter characteristic existed among our patients here to an alarming extent, and constituted a great embarrassment to successful treatment. In one ward, accommodating eleven patients, there were, during two months, ten upon whom this mental depression was so great that they gave up all hope of recovery, and, wishing to shorten their time of suffering here, tried in various ways to procure poison from the nurse. This mental disturbance was recognised by M. Delpech in his treatise upon this disease, but he ascribed it to the misfortunes and sufferings of the French army. Guthrie, in speaking of it, says, "there existed a morbid dejection, or apathy, which could scarcely be removed, and on which, in very bad cases, no impression could be made. In others the humane solicitations of the medical officers have failed against the influence of oppressive gloom amounting to despair; expectation and hope seemed to be exiled from their minds by the dominion of painful despondency, which, prevailing in melancholy disorder, seemed uncontrolled or checked by the intrusive importunities of the present or the consciousness of a future existence."

The following case well illustrates the destructive nature of the disease as well as its influence upon the mind:—

S. D. Mabry, private, 6th Ala., æt. 22, admitted October 22, 1862, with two flesh wounds on right side of chest, and a compound comminuted fracture of right leg at about its middle. He had been wounded at the battle of Antietam, Sept. 17, 1862. Both wounds continued to do well up to November 10th, when that of the side took on a sloughy action. For two days previously he had experienced a burning pain in it which prevented sleep at night. It was then observed that the surrounding areola was livid, and that the ulcer had assumed a circular form, with jagged, indurated, and everted edges, with its base covered with a grey tenacious slough. The ulcer was dressed with oakum, saturated with Labarraque's solution of soda, and tonics administered internally. Nov. 15.—By this time patient's general health began to be affected; he complained of loss of appetite, pyrexia, and occasional chills; the ulcer had extended to a moderate degree superficially, with but little change in its character. He was removed to-day to gangrene tents, the undermined edges slit up in various places, and strong nitric acid applied to the ulcer and also to the surrounding healthy tissue; was ordered tartrate of iron and potass in xv. grain doses three times a day. Nov. 20.—Two applications of the acid had sufficed to arrest the disease, and the ulcer had cleaned off and was granulating healthily; general condition much improved, and patient was removed from the gangrene tent. Dec. 9.—Four days since (the wounds of the side cicatrizing rapidly) well marked symptoms of hospital gangrene presented themselves in the suppurating wound of the leg, which, in the attack previously noticed, had been progressing favorably. Patient was again removed to gangrene tent, and nitric acid applied to the gangrenous tissue, which presented the same characteristics mentioned before in its first appearance. The following is a note made of the case: Patient's general condition very poor; mind much dejected

and filled with gloomy forebodings; pulse 140 and very weak; entire loss of appetite, etc. The disease is making rapid progress, having involved and destroyed almost entirely the soft parts upon the posterior and inner aspect of the lower third of the leg, exposing the bone for about four inches. It was observed that at the first the integument, cutaneous nerves, and sheaths of the muscles were destroyed; and now the muscles themselves and the largest arteries and nerves are becoming involved, and are being converted into a blackened, disorganized pulpy mass, exhaling a peculiar stench which can be recognised in every part of the tent. In the upper portion of the leg, and also about the ankle-joint, the disease has not invaded the muscles themselves, but merely dissected them out and involved their sheaths. The whole limb to the body was much swollen, oedematous, and painful on pressure; severe burning pain was also complained of. To such an extent had the disease progressed that the question of amputation of the thigh was broached, several operations having been performed for the disease in other of the city hospitals without its recurrence in the stump. It was, however, decided to try the efficiency of the acid application. Patient was accordingly etherized, and all of the sinuses resulting from the extension of the gangrene among the muscles freely laid open, and the pulsatious slough removed with scissors and spatula, after which strong nitric acid was mopped on and then worked in by a sharpened stick. The application of the acid was also made to the adjacent healthy parts, this having been of service in limiting the extension of the disease. On recovering from the effects of the anæsthetic, ordered fifteen drops Magendie's solution of sulphate of morphia; brandy and beef-tea, each half an oz. every half hour. Dec. 22.—Patient's general condition has much improved. Is now quite cheerful, pulse 125 and gaining in strength; appetite returning, surface pleasant, etc. Very little if any shock followed the application of the acid on the 19th. The slough has separated, revealing a healthy granulating surface. The lower part of tibialis anticus, the inner portion of the gastrocnemius and soleus muscles, have been destroyed by the gangrene, together with the middle third of the anterior tibial artery and nerve; acid re-applied to several points where the disease had not been entirely checked, followed by dressings of oakum saturated in hydrochloric acid, half an oz., tincture of opium, 3 oz., water one pint. Feb. 9, 1863.—From the last date patient's condition has steadily improved, and the ulcer remaining from the result of the gangrene had granulated, cicatrized, and progressed so favorably, that there was decided prospect of saving the limb, when the disease, a few days ago, started again, and made its way through the muscles on the posterior aspect of the lower portion of the leg, and following the tendons behind the inner malleolus bored its way through the sole of the foot ere it was recognised. As before, the track was laid freely open, and nitric acid applied with a successful result, arresting the disease. Feb. 20.—Improvement since last note has been continuous both generally and locally. The ulcer remaining involves the entire posterior aspect of leg and side of foot to the great toe, and is closing rapidly. The subsequent history of the case shows that about March 1st erysipelas set in, and amputation of the leg near the tuberosity of the tibia was performed, with fatal results. No union of the fragments had taken place, and the ankle-joint was found to have been involved.

CASE II.—Confederate, admitted September 21, 1862. He was slightly wounded in calf of right leg by a shell, and did well up to November 4th, when it commenced sloughing, with undermining, induration, and eversion of the surrounding skin. A burning pain in wound was also experienced; slight constitutional symptoms were present, with loss of appetite, irritative fever, etc.; no odor perceptible. Patient was etherized, wound laid freely open, and nitric acid thoroughly applied, followed by a yeast poultice. Ordered, tartrate of iron and potass, 2 drachms, water, 4 oz.; half an ounce to be taken three times a day. The ulcer after

operation measured seven inches in length by four inches in breadth. Nov. 5.—Slough was removed this morning, some portion being cut off with scissors; gangrene appeared to be almost entirely arrested, but to some sloughy points nitric acid was re-applied; poultice and tonics continued. Nov. 8.—It was found that the disease was still progressing underneath the skin at various points. These sinews were laid freely open and nitric acid thoroughly applied; irritative fever slight. Nov. 10.—Gangrene is apparently arrested, the ulcer remaining is of large size, extending from heel to popliteal space, and has invaded the integuments of the whole calf of the leg, the base being formed by the remains of the gastrocnemius muscle. The slough has separated, and the granulations abundant throughout the whole extent of the ulcer; general condition improving. Dec. 3.—The wound, which had been granulating healthily up to within a few days since, has again been invaded by hospital gangrene, which has made rapid progress. To-day it was found to have extensively undermined the skin, and had proceeded along the sheaths of the muscles of the leg. A large sinew upon the outer aspect of limb was freely laid open by an incision extending from the middle of the leg to the external malleolus, the sloughing tissue removed by scraping, and nitric acid applied by means of a pine stick. The insinuation of the disease among the muscles rendered the thorough application of the acid very difficult. The burning pain, the induration and eversion of the edges of the ulcer, with constitutional excitement, etc., are present. Takes tonics and stimulants, and locally as a wash, Acid. hydrochloric, $\frac{1}{4}$ oz., tincture opium, 3 oz., water, one pint. Dec. 23.—The application of acid mentioned at last date materially checked the progress of the disease, but at several points between the muscles repeated application became necessary. The disease starting at another point when checked in one place, resembles at times a serpiginous ulcer. Whenever the fibrous tissue became involved it was noticed that the disease became less amenable to treatment. The tendo-achillis has been almost entirely destroyed, only a small portion remaining, which was carefully preserved. The sloughing had involved also a large portion of the muscles of the calf of the leg, and had extended from a short distance below the knee to the ankle. The general condition has been kept up by good diet, etc. Jan. 15, 1863.—The ulcer remaining was about the size of a silver dollar and rapidly cicatrizing. Notwithstanding the loss of tissue patient is regaining, to a very great degree, the use of his foot.

The evidence of the infectious nature of hospital gangrene has been abundant. In one instance, after making a digital examination of a wound, I noticed that the cuticle upon my finger had been injured by a sharp spiculum of bone: no more was thought of this until two days after, when I was awakened at night by a burning pain in my finger, which extended up the forearm to the shoulder; this was soon followed by a headache, and a generally dull, uncomfortable feeling; the strong nitric acid was freely applied with a stick to the abraded surface, which was now inflamed and very painful. After two applications of the acid the pain almost entirely disappeared, and no further trouble was experienced.

All of the nurses, with one or two exceptions, were attacked in the same way, but the disease with them was not so easily limited, because energetic treatment was not soon enough adopted.

CASE No. III. illustrates the contagious nature of the disease, as the nurse attendant upon patient, as well as the one occupying the adjoining bed, was attacked by the disease.

CASE III.—Langford, Confederate, wounded in the groin at the battle of Antietam. On examination upon admission into the hospital, it was found that the femoral artery had been injured at a point about one inch below Poupart's ligament, and that an aneurism had resulted from it. This was operated upon ten days after by Dr. R. F. Weir, surgeon in charge, who tied the external iliac in its lower

third. The operation was successful, and in two weeks the wound had nearly healed, when it took on an unhealthy action, and patient then complained of a burning pain in it. Anticipating what was coming, he was immediately moved to a stone building where there had previously been no gangrene; and here, November 21, he came under my care. He remained here four days before the disease became sufficiently developed to justify his removal to the gangrene tent. Nov. 25.—Patient is very desponding, and is growing weaker day by day; has considerable headache; pulse 120, and almost imperceptible; tongue furred, brown, tip and edges red and dry. The ulcer, which is three inches in width, extends from the pubes up nearly to the anterior spine of the ilium; has an unhealthy and sloughy appearance. Patient complains of a slight burning pain in wound, the edges of which are everted, jagged, and undermined for about two inches; the integument is indurated and tumefied, and extremely sensitive to the touch or the least movement of the limb; characteristic odor not well marked. The sinuses extending under the integument were freely laid open, and the surface of the ulcer scraped with a spatula, to which the acid was first applied with a mop, and then worked in with a stick, so as to get it down to the comparatively healthy tissue, and was also applied in a similar manner to the tissue surrounding the ulcer, and in this way destroy both the cuticle and cutis vera, and thus limit the extension of the disease. Superficially antiseptic poultices were applied, and opiates given to relieve pain; takes half an ounce of brandy and beef-tea every half hour. Nov. 26.—Although the pain following the application of the acid was so severe as to cause slight convulsions for a time, patient is feeling better to-day. Pulse 108 and gaining in strength. Fearing that the progress of the disease had not been entirely arrested, the acid was again thoroughly applied. Takes stimulants and tonics, with fifteen grains of tartrate of iron and potass three times a day. Nov. 28.—The black, charred slough has separated, revealing a healthy, granulating surface beneath. The extreme sensitiveness to the touch, together with the induration and swelling of the surrounding parts, has almost entirely disappeared. Applied oakum saturated with acid wash to the ulcer. Dec. 5.—Patient represents himself as feeling much better; mind hopeful and cheerful; appetite good; ulcer is cicatrizing rapidly. Continue stimulants and tonics. Dec. 15.—All unfavorable symptoms have disappeared, and patient is regarded as convalescent.*

The nurse attending upon patient before his removal to the gangrene tent, and the patient occupying the adjoining bed, to whose stump Longford's sponge, by mistake, was once applied, were both attacked by the disease, and were under treatment for a month in the gangrene tent.

Until 1813 hospital gangrene was generally considered as a constitutional affection, but the indifferent success which attended its treatment as such during the Peninsular War led European surgeons to regard it more as a local affection. In sixty cases of hospital gangrene which have come under my observation, in only seven cases were the local manifestations preceded by constitutional symptoms. In forty-seven cases constitutional symptoms followed the sloughing, and in six cases there were none during the entire course of the disease, thus showing fifty-three cases in support of its local nature. Again, in twenty cases the patients had other wounds besides those affected with the disease, and in eighteen of these the unaffected ulcers continued to cicatrize healthily while the disease was rapidly extending in the others. Messrs. Blackadder, McLeod, and Taylor, regarded the disease at first as a purely local affection; while Mr. Coate, who observed the disease in St. Bartholomew's Hospital, is disposed to give it a constitutional character, although he recognises a stinging pain as the first symptom of the disease.

From the local symptoms having so generally preceded

the constitutional, and from the power of the acid in arresting the disease, as well as from the condition of unaffected wounds, hospital gangrene, as seen here, was regarded as a decidedly local affection, capable of giving rise to severe constitutional disturbance.

The pain in fifty cases was described as burning or stinging, and in ten cases it was not observed. The odor which Guthrie regards as pathognomonic was noticed in fifty-three cases; in the seven remaining cases, in which it was not recognised, the disease was of a very mild type. The circular form also spoken of by the same author, and regarded by him as of equal importance, was seen in but few cases.

With one exception no cases of recent wounds were attacked by the disease, although operations were frequently being performed. It seemed to choose by preference nearly cicatrized ulcers, principally those situated upon the lower extremities; these formed three-fourths of the whole number of cases, those on the body one-sixth, and on the upper extremities one-twelfth. Its occurring so much more frequently upon the lower extremities may be accounted for by the fact that patients having wounds upon these parts were more likely to be confined to bed, and thus prevented from free access to fresh air. The predilection of the disease to attack wounds of exit rather than of entrance, as noticed by McLeod in the Crimean war, has not been seen here.

Having previously regarded hospital gangrene as a constitutional affection, nothing but simple local applications were at first applied, in connexion with constitutional remedies; but, finding that this would not limit the extension of the disease, the following course was adopted, which proved so successful that but little change was made in it during the prevalence of the disease in this institution: As soon as the affection was recognised the patients were immediately removed from the barrack to a tent fitted up for the purpose, where fresh air could be plentifully supplied. Ether being administered, the sinuses were freely laid open, and the wound enlarged, if necessary, to expose all of the affected parts. After having removed the pulsatious slough with the scissors, the surface of the ulcer was scraped with a spatula, and nitric acid applied with a mop and worked in with a sharp stick. In a similar manner it was then applied to the surrounding comparatively healthy tissue, which would limit superficially, for a time at least, the extension of the disease, and relieve almost instantly the burning pain. If the case was very urgent, instead of waiting two or three days for the slough to separate, it was forcibly removed, or, more correctly, dug away, and a fresh application of the acid made. One application was not always sufficient, especially if the disease was working among the tendons or underneath deep fasciæ; antiseptic poultices were applied until the slough began to separate, when the following lotion was substituted: acid, hydrochloric, $\frac{1}{2}$ oz.; tincture opium, 3 oz.; water, a pint. The constitutional treatment adopted consisted of the use of brandy and quinine, with fifteen grain doses of tartrate of iron and potass three times a day.

The average number of applications of acid in the sixty cases was six, maximum twenty. The average length of time required to limit the disease and restore healthy action to the ulcer, two weeks; maximum, six weeks.

Notwithstanding that concentration of the disease, so to speak, was in a great measure prevented by scrupulous attention to cleanliness and ventilation, and the removal of all patients, as soon as attacked, to a tent, and the transfer of others to general hospitals, the disease continued unchecked for nearly four months.

In only one case was it directly the cause of death, and in only three, where the disease was present in a mild form, did it contribute to a primary affection in bringing about an unfavorable termination. Nor has it been followed by pyæmia, which is said to be of frequent occurrence, or by secondary hæmorrhage, although the middle third of the posterior tibial artery was destroyed in one case, and the brachial and femoral arteries laid bare in others.

* For two months after this date patient was up and about the ward, when secondary hæmorrhage, following sloughing of the sac, supervened, and in four days resulted fatally.

The absence of pyæmia and secondary hæmorrhage I have thought to be due to the free application of the strong acid, and have accordingly applied it or some other mineral acid to all unhealthy wounds in my barrack, and for six months have not had a single case of pyæmia, although previously it was of frequent occurrence.

May it not be that these two allied diseases, hospital gangrene and pyæmia, depend upon a poison, perhaps of an animal or septic origin, in the wound, which a dilute mineral acid, used as an injection, has the power to destroy and thus prevent systemic affection?

No microscopic examinations were made here for want of proper conveniences.

A CASE OF PREMATURE LABOR

AND RETAINED PLACENTA.

By CHARLES H. JONES, ACT. ASST. SURG. U.S.A.,

OF STEUART'S MANSION HOSPITAL.

Mrs. —, aged 35 years, primipara, residing in Baltimore, was suddenly seized with nausea and vomiting at a period calculated to be five weeks previous to her confinement. The vomiting was obstinate, and became exhausting from having continued with but slight intermission for three days. She also became at the same time troubled with anasarca of the lower extremities. The nausea and vomiting were finally arrested by the aid of sedatives, stimulants, and counter-irritants. Her health had hitherto been good. The anasarca remained until after her confinement.

On the evening of the fifth of January I was called to see her. I found her sitting up and complaining of slight pain in the abdominal region. This she supposed was owing to an accumulation of gas, as she had for a long time been subject to periodic attacks of colic, and to obtain relief she had been taking some simple household remedies. I suggested the probability of its being incipient labor, ordered the patient to keep in a recumbent position, and prescribed a dose of morphia.

Early the next morning (the sixth), I visited her, and was informed that her sleep had been natural, and that the pain had ceased. Towards evening she again became annoyed by the pains, and attributed them to the same cause; but though to my own mind they appeared suspicious, they were not described as uterine. My interest in the case increasing, I again called late in the evening, and found these pains unchanged, resembling in no respect true labor pains. On being questioned closely, she informed me that she had not felt the motions of the child during the past month. I carefully auscultated the region of the uterus to ascertain if the bruit of the fetal heart could be detected, but failed. She also complained of a "dead weight" in the lower portion of the abdomen, and at times felt cold chills creeping down her back. After my examination I was inclined to believe that the child was dead, and so expressed my opinion to her friends. The finger passed into the vagina revealed the fact that the os was dilated, and the breech of the child presenting.

The peculiar pains above described continued at regular intervals until the next morning (the seventh), when, from some unknown cause, they entirely ceased. The dilatation of the soft parts was more perfect, and all that seemed to be needed was to arouse the uterus from its inertia, and give it the impetus to expel the fetus. Accordingly I gave her, in divided and full doses, *secale cornutum*, which, however, had no perceptible effect. By examination it was ascertained that the child had gravitated to the lower strait, and, as I could reach the breech with my hand, I determined to finish the labor by mechanical assistance. The hand was readily introduced, and the fetus brought away with but little inconvenience or pain to the patient. The child proved to be in the eighth month of development, and, from its decomposed condition, must have lost

its vitality in utero some time prior to its delivery. The manipulations in moving the fetus did not tend to excite uterine contractions. The placenta being retained, after waiting some time, and failing in the usual means to excite uterine contractions, I proceeded to remove it. I found the uterus resting high up in the pelvis, and the os firmly contracted. The introduction of my hand, on this attempt, produced the most violent contractions of the vagina and soft parts, so much so as to benumb and almost paralyze my hand. This and several other efforts, made at stated intervals, did not accomplish my object, and I was finally obliged to desist. The patient was allowed to rest the remainder of the day and night.

The next morning I visited her again. She expressed herself free from pain, and I proceeded to make another vaginal examination, but owing to the rigid contractions of the parts I was completely foiled. The patient was placed thoroughly under the influence of chloroform, in the hope that the anæsthetic might have the effect of relaxing the soft parts and causing the dilatation of the os uteri, thereby enabling me to reach the placenta, and, if not to extract it, at least to ascertain its true relation to the uterus. But in this instance chloroform completely failed to act as a relaxing agent.

For the two or three succeeding days her case underwent no visible change, her sleep was quiet, and she was free from pain. The only indication presenting was to open her bowels, which was accomplished by a mild aperient. At the end of this interval I succeeded in passing my hand into the vagina and exploring the uterus, which was still high up in the pelvis, with the os tightly contracted around the cord.

The anxiety of the husband caused me to express the opinion that her symptoms indicated no immediate danger, and that I was inclined to trust to time and the powers of nature. In order that I might be sustained in this opinion, or be advised of one offering more probabilities of success, and also to avail myself of the experience of one of our most talented obstetricians, I asked for a consultation. Accordingly, on the afternoon of the eleventh of January, a consultation was held, and after investigating the case and deliberating over it, my determination to wait was sanctioned. Since the removal of the fetus there had been a continuous flow of lochia, which had decreased in quantity, and was offensive. The patient was also inclined to be feverish, and complained of some tenderness on pressure being made over the region occupied by the uterus. She was ordered a febrifuge mixture, and hot fomentations were freely applied to the abdomen. Jan. 12th.—I again saw the patient in consultation, and found her symptoms somewhat improved. She had no fever, and the pain on pressure over the uterus had greatly lessened. The cord had sloughed away, and the quantity of the lochia had increased, while it had a less foul odor. Jan. 13th.—I visited her once more in consultation. She stated that she had rested well during the night. On making an examination per vaginam, the uterus was found not to have altered its position, and the os was undilatable. There was no noticeable change in the symptoms of the case during the two succeeding days. Her bowels were regular, emptied by aperients and injections, and the treatment was expectant. Jan. 16th.—Visited her in the morning. She complained of having been restless during the night, although she had no pain. The finger, being introduced into the vagina, much to my gratification, detected a hardened mass protruding through the os uteri. With much difficulty, as the os was firmly contracted around it, and the uterus high up in the pelvis, I succeeded in extracting it. The mass was pear-shaped, about the size of an ordinary doubled fist, flattened on one side, and free from any smell. It was nodulated in substance, and resembled cartilage.

This case was novel to me, and among its most remarkable features were, (1) the absence of regular uterine pains, (2) the absence of hæmorrhage, which was so small in quantity as hardly to stain her clothing, and (3) the number

of days the placenta was retained, and its singular metamorphosis into a solid cartilaginous mass.

This patient perfectly recovered her health under a generous diet and tonics, without an untoward symptom supervening.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, JAN. 14, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

COMPOUND COMMINUTED FRACTURE OF KNEE PRODUCED BY MINIE BALL.

DR. MERRITT presented a specimen of compound comminuted fracture of the knee produced by minie ball, with the following history:

A private in the New Jersey Volunteers, aged 27 years, was wounded on the twenty-seventh of June at the battle of the Chickahominy by a minie ball, as he supposes from the fact that his comrades had such extracted from their wounds, which were received at the same time and place. The ball had entered the left knee at the boundary of the outer and posterior aspects opposite the external condyle of the femur, and passed out at the anterior aspect about the centre of the patella. He states that his limb was completely disabled, the hemorrhage was considerable, and he was greatly prostrated. He lay two days on the battleground without surgical attendance. After this he was removed to a field-hospital in the vicinity, where he remained four weeks receiving no proper surgical attention, and barely obtaining sufficient nourishment to sustain life. He followed the general rule of applying cold water to the wounded parts. During this time his knee became exceedingly painful and swollen, but afterwards subsided to some extent. He was then conveyed to the hospital at Savage's Station, and from thence in a few days he was taken in an ambulance to the James river, where he was transferred to a U. S. Hospital Transport. On the 6th of August he was received into the hospital "Euterpe" at Fort Monroe. At this time the injured limb was much worse, consequent upon the transportation. The knee was moderately swollen, but there was a profuse discharge of sanious ill formed pus from both ball-openings, which were only large enough to admit the introduction of the little finger. There was a burrowing abscess extending up the thigh to near its middle, and oedema of the leg and foot. The general contour of the knee was normal, excepting a curvature inwards of the leg upon the thigh at the joint. Digital exploration through the ball-openings readily detected comminuted fractures of the patella and external condyle of the femur. The probe also passed easily into the joint, and encountered rough and irregular articular surfaces. The general condition of the patient was feeble, but when the character of the injury, its duration, and the severe ordeal gone through, were considered, it was remarkably good, excepting the existence of diarrhoea. Although greatly reduced in flesh, with an exceedingly pale surface profusely studded with sudamina, still his pulse was fair, his appetite excellent, and his manner cheerful and hopeful. I accordingly decided to amputate the thigh, and the operation was performed on the eighth of August, forty-eight hours after admission. He bore the shock well, and soon rallied. Three days afterwards the stump was presenting a healthy appearance, and discharging slightly. About this time the "heated term" of August was at its height, and the patient manifested unusual susceptibility, which caused a loss of appetite, increase of diarrhoea, and depression of spirits. The consequence was that patient began to fail rapidly, and died on the fifteenth of August.

The points of interest in this case seem to me to be, that the patient should have survived so long, and in so good a

condition, such a serious injury under such unfavorable circumstances, and that such a complete comminution of bone involving the knee-joint should not have attracted the attention of some surgeons at an earlier period, when proper surgical action could in all probability have saved the life of this soldier. *

DR. SANDS remarked that he saw a very similar case last summer. A soldier, wounded at the battle of James Island, was admitted several weeks after as a patient in the Jews' Hospital. The wound seemed to be merely a flesh one, traversing the thigh in the neighborhood of the knee-joint. There was so little constitutional disturbance attending the injury that the idea of a compound fracture was entirely overlooked. Several days after, however, there was noticed a slight eversion of the foot, when a thorough examination was instituted. A compound comminuted fracture of the femur, involving the knee-joint, was then found, and amputation of the thigh was decided upon, but the patient was soon after attacked with dysentery, and died of the disease without the operation having been performed.

DR. CONANT expressed his belief that the application of cold water to wounds was very often attended with serious consequences. He did not think that the practice should be followed except in cases where a strong tendency to inflammation existed, otherwise the processes of nature were hindered, the plasma was dissolved, and the circulation was very much interfered with, giving rise in many cases to slough. This result he had frequently noticed in stump cases. The plan adopted by him to secure early union was that of applying a simple dry cloth to the wound.

SUB-LINGUAL SEBACEOUS CYST.

DR. POST exhibited a sebaceous cyst removed from under the tongue of a middle-aged man. It presented very much the appearance of ranula, and Wharton's ducts could be seen, somewhat enlarged, running on each side of the tumor. The opening made in the cyst was necessarily a small one, in order to avoid wounding the ducts. The contents of the sac proved to be composed microscopically of fat cells and epithelial scales. The specimen was presented on account of the unusual situation from which it was removed, he never having seen or heard of a similar case.

DR. POST also exhibited a small sequestrum which he had removed a few days before from a child, ten years of age, who, for two years previous, had suffered from a discharging sinus in the lower fourth of the femur. On cutting down upon the diseased part it was found that but one small piece of sequestrum existed, and had been sufficient to keep up the discharge for the length of time referred to. In concluding, Dr. Post remarked that surgeons were very apt to delay the removal of sequestra situated in the lower portion of the femur on account of their proximity to the femoral artery, and he had seen several instances where death by erosion of the artery could fairly be traced to this neglect.

DR. FINNELL remarked that he had seen two instances where he had thought the operation for removal of dead bone was performed too early.

FOREIGN BODY IN MEATUS AUDITORIUS.

DR. POST next related the case of a young girl whom he was called to see, and who was suffering from intense inflammation of the meatus auditorius externus. The parts were so much swollen, and withal so tender, that it was impossible at first to make any thorough examination of the part. When, however, the inflammatory process had become somewhat subdued, and suppuration had established itself, on looking into the ear the passage from the external orifice was found to be completely closed by what appeared to be a swollen seed of some kind. The child was not aware of its introduction.

DR. FINNELL referred to a case of a little girl who had been brought to him some weeks before with a small shell in the ear. The foreign body was easily extracted by means of a bent probe. There had been previous attempts made by a

druggist to extract the shell with a forceps, but all efforts with that instrument had failed.

Dr. Post concurred with Dr. Fennell in believing that a bent probe was much the best instrument to use for such a purpose.

POISONING BY MORPHINE—HALF A GRAIN TAKEN BY A CHILD—RECOVERY.

Dr. CONANT related a case of poisoning by morphine in a child, nine months old. The salt, to the amount of half a grain, had been administered by mistake, and in thirty minutes after the child had ceased to breathe. Artificial respiration, by compressing the chest at regular intervals, was then commenced, and in the course of five minutes the little patient gasped for breath. The operation was kept up for an hour, and then stopped, when breathing likewise ceased. The child was then turned upon the face, and the tongue falling forward, a quantity of mucus was scooped out from the fauces. The pumping process was continued for an hour and a half longer, but as soon as the efforts were suspended, breathing also stopped. The artificial respiration was then continued for an hour longer, when the child was enabled to breathe on its own account. Twelve hours after taking the poison the child passed urine freely.

Dr. CONANT also referred to a second case of poisoning by morphine. In that instance a man had taken $\frac{1}{2}$ j. of opium at a single dose, and when first discovered the pulse was only 15 to 20 per minute, and the respiration only 4. Artificial respiration by Dr. Hall's ready method was kept up for five or six hours continuously before it was considered safe to allow the patient to breathe on his own account.

In both these cases death would have been inevitable, but for persistent efforts towards establishing respiration.

The Society then adjourned.

FOREIGN CORRESPONDENCE.

LETTER XXXV.

By PROF. CHARLES A. LEE.

VENICE, Oct. 12, 1862.

VENICE, ITS PECULIARITIES, HOSPITALS, ETC.

"In Venice, Tasso's echoes are no more,
And silent rows the songless gondolier;
Her palaces are crumbling to the shore,
And music meets not always now the ear;
Those days are gone; but Venice still is here,
States fall; arts fade; but Nature does not die."

VENICE is a glorious place for cripples, for as all locomotion is by gondolas there is no particular use for legs. Palmer and Bly would be at a discount here, and their polished specimens of artificial limbs, "better than the natural," would only serve as curiosities for the museums. How strange to find oneself in a city built on a hundred islands, where the only streets are canals, the only vehicles gondolas, where a horse was never seen except the brazen horse of St. Mark's, no wheeled carriage ever known, no rumbling of wheels ever heard; where the houses all stand in the water, and entering one seems like going on board a vessel, only there is no sea-sickness. "See Venice and die," seems to be the sentiment that animates all English, if not other travellers, and I must confess that it is a delightful place for those fond of novelty and not afraid of fevers, especially for a short period at the right time of the year. But I shall not apply for the consulship here, as I doubt whether I could ever feel exactly at home. I do not like to stop long in a place where every hour is a contradiction to my whole past existence; where I could never see a hill, or a mountain, or a wood, or an ear of corn growing, or green fields; or can hear a bird sing except in cages, or see an animal except in a menagerie; where there is no spring-water but what is imported, and no rain-water but an infusion of pigeon dung, and no artesian wells but are charged with sulphuretted hydrogen and iron; where the 146 canals send forth a horrid stench during the autumnal months; two, at least, of the plagues of Egypt are endemic and perennial; to say nothing of the hungry swarms of

mosquitoes, which complement the Italian sanguinary practice in a manner not soon forgotten. But then to counterbalance all this Venice is, undoubtedly, the most picturesque city in Europe, and full of character and variety. But as the pleasure of sight-seeing depends chiefly on association, it is necessary to be well posted in Venetian history, to "read sermons" in the stones of its palaces and public buildings; and the traveller must believe also implicitly in every word of the "Merchant of Venice," so that when he stands on the Rialto he has a full conviction that he occupies the very spot where Antonio rated Shylock about his "monies and his usances," and where he "spat on his Jewish gabardine," and where Othello addressed the assembled senate. It requires no great stretch of faith to believe in the "Thousand and one Tales" after visiting St. Mark's on an evening; seeing its magnificent square in all its marble beauty; the domes and minarets of its old church; the barbaric gloom of the Doge's palace; its proud, towering campanile; its famous Corinthian houses; the bronzed lion of the Pireus, and the old "Bridge of Sighs;" walking in the illumination of its long line of cafés, observing the variety of costume, the thin veil covering the pale Venetian beauty; the Turks with their beards and caftans, and long pipes and chess-playing; the Greeks with their skullcaps and richly laced jackets; Jews, Armenians, Persians, Moors, Sclavonians, Russians, all in their native garb, to say nothing of French, German, English and American tourists; the whole presenting a combination of novelty and variety scarcely ever met with in any other city of the world.

There are great attractions here also for the epicure; beef of the finest quality furnished by the horned cattle of Styria; exquisite veal from Chioggia; the fattest of poultry from La Polissine di Rovigo; excellent game from the Maremma. (Snipes in winter at five sous each and other things in proportion.) The Queen of the Adriatic is rich, too, in her piscatory treasures, her splendid large fat oysters, her magnificent roach and turbot, ortolans, sole, gudgeon, ling, tunny, pidocchi, mullet, roes in the form of caviar (bottarga), sardines, mackerel, lobster, etc., etc. There is also abundance of fine fruit here from the hills of Este, Monsilice, and Martagna, wines of the best growth of French and Spanish vineyards, and, as it is a free port, most other commodities at a cheap rate.

But the characteristic features of Venice are too well known to need further description; let us see what it has that deserves the particular notice of the medical man. And first its *hospitals*. In these I have been greatly disappointed, as they are vastly larger and better managed than I had supposed. The large Civil Hospital at Venice stands on the banks of one of the principal canals, near the church of San Giovanni e Paolo; it dates as far back as 1485 and consists of the magnificent buildings of the Scuola di San Marco, a religious order devoted to the care of the sick and poor of the city. The buildings are somewhat irregular, but very spacious, and were devoted to their present purposes after the fall of the republic. The whole establishment is capable of accommodating from 1500 to 2000 patients. The entrance is through a wide and high hall, with splendid marble floors and columns, beautifully carved wood ceilings and frescoes; and the wards, which are between one and two hundred feet long, with very high ceilings, are grouped around six large court-yards, in one of which is the sarcophagus of Marino Faliero, the decapitated Doge. There are sixty-two halls or wards admitting of extensive classification. There are, for example, lying-in wards, syphilitic wards, fever wards, wards for diseases of children, for female lunatics, for ophthalmic cases, for medical and surgical diseases. One of the principal physicians conducted me over every part of the establishment, and explained everything minutely. In some of the wards there were four rows of patients, owing to repairs going on in the building. Still, I doubt not there were over 1200 cubic feet of space to every bed, owing to the great height of the ceilings. Every part was scrupulously neat and

clean, and the utmost order and system every where prevailed. There are 1000 patients in the buildings, under the charge of 11 principal surgeons and physicians, 14 assistant surgeons, 16 sisters of charity, 8 apothecaries, 1 director or acting principal, and 1 director-general. There are two classes of patients, pauper and pay. Of the latter are three grades: 1, those supported by the district or commune to which they belong, who pay 55 cents per day; 2, a class of private patients who pay 40 cents per day; and 3, a superior class, who have better accommodations, and who pay 88 cents. In the court-yards are nine cisterns for rain-water and one artesian well. This is forty-five metres deep, and the water has a taste of sulphuretted hydrogen. Children under seven occupy the basement, which struck me as very damp and unhealthy. The little patients all had a miserable, pale, sad, and sickly look. The apothecary apartment, as in all Italian hospitals, was on a large and splendid scale, and admirably managed. The buildings are of two stories, and the whole thrown into large wards, one of which was devoted to cases of *pellagra*. All were extremely clean, quiet, and well ventilated.

The *male lunatic asylum of Venice (San Servolo)* is situated on an island in the lagoon between Malamono and Lido. It is near the Armenian convent of San Lazare, where Lord Byron often resided, and is under the charge of monks of the order of St. John of God. Some of them have received a regular medical education at the University of Padua, as has also the superintendent, who is a very intelligent and capable man. The arrangement of buildings is similar to that of the civil hospital in the city. They are arranged around central courts, opening front along corridors, and the establishment covers the whole island. There are cells for the more violent and dangerous patients, containing two beds each, while the epileptics or convalescents sleep in wards containing a large number of beds. The bedsteads are of iron, fastened to the floors, which, as well as those of the corridors, like those of nearly all Italian hospitals, are of polished concrete, hard and beautiful as variegated marble. The wards are high, wide, and well ventilated, and in winter are warmed by stoves. This institution does great honor to the city of Venice. It embodies most of the recent improvements in classification, and moral and physical treatment. No corporal restraints are used, unless padded rooms are so called, and it is very seldom that they are brought into use. In cases of active excitement, patients are generally confined to their cells. There are various workshops connected with the establishment, in which different trades and pursuits are carried on by the patients, as tailoring, shoemaking, carpentering, smith-work, etc. The kitchen work is also chiefly done by patients, under the direction of the chief cook. There are spacious exercising grounds adjoining, and elevated alcoves from which there are beautiful views of Venice, etc. In all respects this institution will well compare with the better class of English and French asylums.

The annual reports, which appear to be very accurately kept, show that the total number of patients for the ten years from 1849 to 1861 inclusive, was 3617, and the deaths 1178, giving a rate of mortality of 32.5 per cent. The mean number of patients during the last five years has been 343, and the mean number of deaths 75 per annum, being an annual mortality of 21.8 per cent. During the last five years the total number treated was 1314, the deaths 377, and the rate of mortality 28.7. Of this number, however, 411 were cases of *pellagra*, and the deaths in this form of insanity were 133, leaving a mortality of 27.02 per cent. for ordinary cases. There are accommodations for 360 patients in the whole establishment; the total number in 1861 was 567. *Pellagra* is a common disease in Italy, and it is very apt to be accompanied or followed by that form of insanity called *melancholia*. The officers are very civil and hospitable to strangers, and take great pleasure in answering all questions and showing all the arrangements. Intelligent zeal, humanity, kindness,

and skill, are conspicuous in every department of the establishment. In both the hospitals above mentioned, a charge is made for the maintenance of the patient on the town or district in which he resides, if it can be ascertained; if not, the expense is charged to the municipality of the city. In both the only requisite for admission is, that the patient stands in need of medical assistance.

American Medical Times.

SATURDAY, MAY 30, 1863.

MEDICAL MEN vs. MEDICAL MEN.

A CASE has recently been tried in an English court, which strikingly illustrates the moral obliquity of some members of our profession, when called to the witness's-stand during the trial of a medical brother. Instead of appearing and testifying as members of a common profession, the honor and dignity of which they are bound to protect, they improve the occasion to show to the world how futile are medical facts and observations; and instead of defending a professional brother from the malicious aspersions of character to which he is subjected in the performance of his duties, they join in the prosecution, and state their opinions in such manner as to prejudice a jury against the unfortunate defendant. The case alluded to is especially aggravating from the nature of the prosecution and the character of the medical evidence adduced. The following are the facts as given by a London contemporary:—

"Dr. Waters gives, kindly and unfortunately, his gratuitous services, at his own house, to a hysterical female, the servant of one of his patients. He examines her with the speculum, finds superficial ulceration of the os uteri, and applies lunar caustic six or eight times. The woman is long under his observation. She at last goes to Malvern, where she comes under Dr. Gully's care, and complains of a swelling in her stomach, the nature of which was not appreciated by the extensive experience in hydropathy and homœopathy of the presiding doctor. Eventually, and to her great astonishment (?), the female is delivered of the tumor in the shape of a child. She had never had connexion, she swore, to her knowledge, with any man; therefore she must have been impregnated—in other words, raped—by Dr. Waters in his own house, on the occasion of one of her visits to him. She was, as her tale runs, made insensible during two hours by a potion administered to her by Dr. Waters, and in that condition the deed was effected. She named the time and day on which the thing was done. This was her statement, which the jury by their verdict, and the judge in his charge, pronounced to be an infamous lie. The woman was of the class of clever, cunning, hysterical impostors; and by her plausibility had won the complete confidence of her mistress, who, out of kindness to her servant, was determined to have justice done upon Dr. Waters. We need hardly add that there was not a shadow of suspicion attaching to Dr. Waters in the matter. He has been most cruelly subjected to an accusation to which every member of the profession is every hour liable. And therefore it is that he has especially the right to ask at the hands of his medical brethren their warmest sympathy and, if need be, pecuniary support."

The charge here made was of the gravest nature, affecting at once the honor of the profession and the moral character of a physician of hitherto good reputation. It would

not seem possible that a medical man, having any regard for justice or for his own reputation, could be found who would consent to support such a prosecution by his testimony as a scientific expert. And yet three medical men were produced on the part of the prosecution, and all well known in this country as high authorities. They were Dr. ROBERT LEE, Dr. RAMSBOTHAM, and Dr. TAYLOR. It is impossible to read the evidence of these witnesses without a feeling of deep mortification. We cannot divest ourselves of the impression that there is exhibited a singular want of candor and honesty, and a disposition to view the subject in a light unfavorable to the defendant.

Dr. LEE seems, indeed, to have taken the position of a public prosecutor. He declared that no ulceration of the os uteri had ever existed, and that the speculum had been employed for the purpose of seduction. He took occasion to denounce the use of the speculum, and it is stated, "after leaving the witness-box he conspicuously continued to display his disapprobation of the instrument by publicly exhibiting specula of various shapes and sizes in the body of the Court, before the judge and jury, and passing them round for the special inspection of the apparently much amused rows of barristers." A London journal thus justly comments on his testimony:—

"There is not an honorable mind in the entire kingdom that did not experience a sense of shame when reading the examination of Dr. ROBERT LEE. Gross in its levity and reckless in its assertion, as devoid of good feeling as it was deficient in scientific truth, it formed an exhibition than which anything more degrading to science and disgraceful to his profession cannot be imagined. It was gross in its levity, for Dr. ROBERT LEE forgot that the fame, fortune, and future of a man of equal reputation with himself were involved in his testimony, and selected such an opportunity for idle badinage and personal puff;—reckless in its assertion, because at variance with the experience and writings of men of the highest reputation. It was devoid of good feeling, inasmuch as the accusation was one that every right-minded man must have supported with pain rather than battled for with zeal;—deficient in scientific truth, if Dr. ROBERT LEE's own publications ten years ago are to be trusted, which he however declares (and in this we agree) are as destitute of authority as others now consider his present testimony to be. It was degrading to science and disgraceful to his profession, as involving the declaration that those who have spent their lives in medical practice and study, profit so little by their labors that they needlessly violate the sanctity of the female person in the gross abuse of an instrument admittedly necessary for the treatment of disease."

Dr. RAMSBOTHAM supported Dr. LEE's theory, but in a much more subdued strain. Still, he spoke like one committed to a cause which he felt bound to sustain. The same is true of the testimony of Dr. TAYLOR. In spite of these eminent men who sustained the prosecution, the verdict of the jury acquitted the defendant. Thus ended a most malicious attempt to destroy the reputation of a medical man by means of scientific experts, who readily, we fear voluntarily, allowed themselves to become *participes criminis*.

The origin of nearly every trial for alleged medical malpractice may be traced to the reckless criticisms which rival practitioners pass upon the works of one another. Unguarded expressions in the presence of patients of doubt as to the propriety of methods of treatment, or open censure of the results attained, pass for positive opinions with the ignorant, and soon produce their legitimate effects in

the prosecution of the attending physician. At the trial which follows, an accusing medical witness will always be found arrayed on the part of the prosecution, who is, in fact, as much a part of the prosecution as the attorney. His evidence is entirely *ex parte*, and he exhibits in the statement of his opinions all the adroitness of the legal counsel in making them bear against the case of the defendant. That this is the secret history of most prosecutions for malpractice every one must acknowledge who has witnessed many of these trials. The scene which is enacted in court is always most discreditable to those members of the profession who instigate the proceedings or who appear on the part of the prosecution. Their position is generally false both in fact and ethics, and sooner or later they reap the just rewards of their unprofessional conduct. It is not always the common practitioner who takes this stand against his neighbor. We have had notable instances of men eminent in special departments of practice, who have allowed the weight of their evidence to appear against a medical brother when their opinions were unsupported by facts. We have seen the fair fame of young physicians suddenly blasted, and a good name tarnished by the alliance of some opinionated "Professor" with the prosecution. We agree with the *British Medical Journal*:—

"It is high time that some serious steps were taken by the profession to put down this most unseemly persecution of medical men by medical men. How often have we not of late had occasion to refer to such scenes as these, where medical men too eagerly appear in court to assist in the blasting a brother practitioner's fair fame! The very fact of men in the position of Dr. Lee and Ramsbotham appearing in the case, gives an immense impulse to the accusation. Nay, we may even venture to believe that, but for their countenance, such an action as this could never have been brought at all. Is it not, indeed, reasonable to believe that their influence could have even arrested the action? Surely no men should know better than they how scrupulously cautious a medical man should be in accepting the one-sided statements of a clever hysterical female; and especially so when, as was evident, the blasting of Dr. Waters's fame would be the saving of her own reputation!"

THE WEEK.

SMALL-POX is epidemic in London, the mortality reaching as high as sixty-eight deaths weekly. At a late meeting of the Association of Officers of Health, the following statement was made:—

"The Association, having taken into their consideration the present prevalence of small-pox in London, deem it to be their duty to call the attention of the guardians of the poor and other local authorities of the metropolis to the subject. They regret to find that the epidemic is still on the increase. In some of the metropolitan districts, the mortality has already attained alarming proportions. It can scarcely be hoped that others equally populous will remain exempt, unless energetic measures are taken to arrest the further progress of the outbreak. While there can be no doubt that the prevalence of the disease is mainly attributable to the neglect of vaccination, and to the defective and unsatisfactory manner in which the operation is too frequently performed, and that if good vaccination were universal small-pox would be almost unknown, it is not the less apparent that the prolonged residence of infected persons in rooms occupied by others, the exposure of such persons in the streets, in public conveyances, or in the waiting-rooms in hospitals, and the absence of adequate means of isolation, have been the immediate agents in bringing about the recent rapid diffusion of small-pox."

The appointment of examining surgeons under the new conscript law has been made in most of the States. The selection comprises but few names of physicians well known in the profession. It is probable that too many appointments are purely political. The office is one of great responsibility, and the medical profession should have had its best qualified men selected.

We intimated last week that it was important that the American Medical Association, at its approaching meeting, should select loyal officers. It has been rumored that among the aspirants for that high honor some were of doubtful loyalty. We trust there is no truth in the report, but it may be well for members to be apprised of it. No greater blow could be struck at the perpetuity of the Association than the selection of a President at this session of even doubtful loyalty. We quite agree with the *Buffalo Medical and Surgical Journal* :—

"Aspirants for its chief honors are already quite numerous, and we hope that it may be bestowed upon those only who are true to themselves, the profession, and the country; that they may be at least *loyal to the country beyond suspicion*. Though we should most heartily oppose all action of a decidedly political bearing, yet we should regard it a disgrace to the profession and to the country, if the chief honors of the Society should be bestowed upon any one *suspected* even of disloyalty."

THE SEVENTEENTH ANNUAL MEETING OF THE
ASSOCIATION OF MEDICAL SUPERINTENDENTS
OF AMERICAN INSTITUTIONS FOR THE INSANE,
HELD IN THE CITY OF NEW YORK.

This meeting took place last week at the Metropolitan Hotel: last year the Association had met at Providence, R. I. If our recollection is accurate, the first meeting took place in the year 1844 in Philadelphia, and their importance has since always been increasing. In the same manner that the *American Journal of Insanity* preceded all periodical European publications on that specialty, similar institutions for medical officers of asylums, or else for psychopathists, were founded in the old world; whatever their names in England, Germany, and France, their object was, as here, to discuss theoretical and practical subjects of psychiatry, and to diffuse all material improvements connected with the management of asylums for the insane.

The several sessions held last week were attended by twenty-three members, amongst them several illustrious veterans, as Drs. Jarvis, Kirkbride, Ray, McFarland. Several papers were read, which elicited by their discussion most important results: one of them had for its object the much controverted questions on *moral insanity*. We are glad to understand that at last the meeting agreed to a conclusion: moral insanity was pronounced an unequivocal *mental disease*, presenting necessarily its pathological symptoms. No definite or accurate distinction being generally made between the motive of actions or causes of moral insanity depending either upon crime or disease, these cases offered great difficulties, and occasioned often perilous decisions in courts of justice; the Association objected, however, to the name of *moral insanity*, and rejected it as liable to mislead the juriconsult, who might confound it with a mere perversion of sentiments or propensities, or with some irritability of the affective powers. Now it will be understood that moral symptoms, in order to have a real morbid signification, must be accompanied by unquestionable symptoms of insanity, recognisable by its physical manifestation. We consider this result of the greatest importance, not only for the so called *moral insanity* of criminals, but also to determine what is to be understood by

unsoundness of mind in civil cases. It is evident that on the same principle that moral insanity must prove to be insanity, so *imbecility* must be proved an unsoundness of mind by the ordinary symptoms of bodily infirmity, and not be confounded with the various physiological degrees of human intelligence. Besides, supposing if there were no recognisable morbid symptoms of insanity, or of unsoundness of mind, physicians could never be of any assistance to juries and courts, and thus a criminal might as well escape punishment as sound people might be made fools, and deprived as such of their liberty and property; hence the well known perils of a commission *de lunatico inquirendo*. John Stuart Mill says in his last work *On Liberty*, page 132, that "there is something both contemptible and frightful in the sort of evidence on which any person can be judicially declared unfit for the management of his affairs. . . . All the minute details of his daily life are pried into, and whatever is found which, seen through the medium of the perceiving and describing faculties of the lowest of the low, bears an appearance unlike absolute commonplace, is laid before the jury as evidence of insanity." It is to be hoped that pathological signs will be required together with moral deficiencies to cause a man to be declared unable to manage his affairs on account of imbecility.

As the *American Journal of Insanity* is to publish the several papers read at the meeting, it remains for us to say that the convention had accepted the polite and kind invitation of the proprietors of the Flushing private asylum to visit their establishment, which visit took place last Thursday. The members, amongst whom several had visited the best European private asylums, found that none could surpass Sandford Hall, and accordingly expressed their opinion to Mrs. McDonald and Dr. Barstow. After having visited Flushing the company were taken to Blackwell's Island to visit the lunatic asylum in charge of Dr. Ranney. The members were much gratified with the appearance of the inmates, and also with the remarkable cleanliness that prevailed everywhere. Finally, the company, having crossed the East River, were taken to the Bloomingdale Asylum. Far from having decayed by time, the members found Bloomingdale in a most flourishing condition: a new wing had been added, which was partly in use for paying patients. Dr. Tilden Brown could see that his exertions had the unanimous approbation of his visitors, and he and Dr. Currie, his learned assistant, received the well merited congratulations of the company. As a true historian we must add, that the psychologists and their friends, many of whom had their ladies on this occasion with them, were not expected to live during that day only on pure mental food; at Flushing Asylum a most elegant and abundant *dejeuné à la fourchette* was prepared for their material comfort, and at Bloomingdale Asylum an analogous lunch permitted the *savants confrères* to feel that they had performed a duty to humanity under most agreeable circumstances.

DEATH OF DR. CHARLES FISHBACK.—It is with deep and sincere sorrow that we announce the death of Dr. Fishback, of Indianapolis. His death was from a dissecting wound, received, as we understand, in making a post-mortem examination of a puerperal fever case. The death of Dr. Charles Fishback is a loss to the profession of Indiana. He was high-toned in all his opinions and practice, one of the most active and zealous members of the State Society, an ardent worker for the elevation educationally of his profession, and above and beyond all a sincere Christian gentleman.—*Lancet & Obs.*

MEDICAL SOCIETY IN GEN. GRANGER'S ARMY CORPS.—The surgeons of all the regiments composing Gen Granger's army corps (near Franklin, Tenn.,) have formed themselves into a regular medical association.—*Lancet & Obs.*

SURGEON HARTMANN, of the 107th Ohio Vols., was shot through the bowels at Chancellorville, and died of peritonitis.

Army Medical Intelligence.

SPECIAL ORDERS, No. 205.

WAR DEPARTMENT, ADJ. GEN.'S OFFICE.

2. So much of Special Orders 55, current series, from this office, as discharged Assist. Surgeon Asa Coleman, 45th Indiana Vols., to date December 26, 1862, is hereby revoked, he not appearing properly on the rolls, and therefore not recognised as having been in service, two Assist. Surgeons, independent of him, having been recognised and paid by the Government.

16. The following officers (published officially March 30, 1863) having failed to appear before the Military Commission, instituted by Special Orders No. 53, current series from the War Department, within the prescribed time, are hereby dismissed the service of the United States, to date March 30, 1863, for the charges set opposite their respective names:—

Absence without proper authority:

Assist. Surgeon John W. Goodson, 72d Ohio Vols.

Failing to report at Headquarters, Provost Marshal, under arrest, as ordered:

Assist. Surgeon James C. Basset, 29th Mass. Vols.

20. Hospital Steward James E. Post, is hereby discharged the service of the United States to receive promotion.

By order of the Secretary of War.

E. D. TOWNSEND,
Assistant Adjutant-General.

The Medical Director of the Army of the Potomac has requested that for the present no civil physicians be allowed to visit that army.

Medical News.

SURGEONS UNDER THE CONSCRIPTION LAW.

MASSACHUSETTS:—First district, Dr. Foster Hooper. Second district, Dr. E. B. Hubbard. Third district, Dr. Joseph H. Streeter. Fourth district, Dr. Henry I. Bowditch. Fifth district, Dr. Daniel Perley. Sixth district, Dr. John L. Sullivan. Seventh district, Dr. D. S. Fogg. Eighth district, Dr. O. Martin. Ninth district, Dr. E. C. Richardson. Tenth district, Dr. Samuel Duncan.

NEW YORK:—First district, Dr. John Ordronaux. Second district, Dr. Geo. S. Woodman. Third district, Dr. N. L. North. Fourth district, Dr. James O'Rourke. Fifth district, Dr. Ernest Krackowizer. Sixth district, Dr. J. W. Powell. Seventh district, Dr. J. R. Vankleek. Eighth district, Dr. Geo. F. Woodward. Ninth district, Dr. W. H. Thomas. Tenth district, Dr. G. B. Upham. Eleventh district, Dr. John C. Boyd. Twelfth district, Dr. William H. Pitcher. Thirteenth district, Dr. A. H. Knapp. Fourteenth district, Dr. O. S. Vanderpool. Fifteenth district, Dr. Charles S. Hubbell. Sixteenth district, Dr. George Page. Seventeenth district, Dr. Henry Hewitt. Eighteenth district, Dr. Uriah Potter. Nineteenth district, Dr. Sol. F. McFarland. Twentieth district, Dr. Edward L. Walker. Twenty-first district, Dr. W. A. Babcock. Twenty-second district, Dr. J. B. Murdock. Twenty-third district, Dr. John H. Knapp. Twenty-fourth district, not ascertained. Twenty-fifth district, Dr. Zara H. Blake. Twenty-sixth district, Dr. Samuel B. Foster. Twenty-seventh district, Dr. Joshua B. Graves. Twenty-eighth district, Dr. Azel Backus. Twenty-ninth district, Dr. Peter P. Murphy. Thirtieth district, Dr. John S. Trowbridge. Thirty-first district, Horace H. Glidden.

NEW JERSEY:—First district, Dr. John E. Stevenson. Second district, Dr. Richard E. Rogers. Third district, Dr. Geo. E. Chetwood. Fourth district, Dr. William Pierson, Jr. Fifth district, Dr. Isaac A. Nicholas.

MARYLAND:—First district, Dr. William H. Farrow. Second district, Dr. J. R. Ward. Third district, Dr. Thos. F. Murdock. Fourth district, Dr. Chas. J. Barr. Fifth district, Dr. Robert E. Dorsey.

ILLINOIS:—First district, Dr. J. W. Freer. Second district, Dr. Aaron Lewis. Third district, Dr. Chancellor Martin. Fourth district, Dr. Chas. Coolidge. Fifth district, Dr. Thomas Hall. Sixth district, Dr. Robert McArthur. Seventh district, Dr. H. G. Johnson. Eighth district, Dr. Z. H. Whitmore. Ninth district, Dr. E. M. Worthington. Tenth district, Dr. David Prince. Eleventh district, Dr. F. E. Payne. Twelfth district, Dr. Henry W. Wing. Thirteenth district, Dr. Thos. H. Burgess.

KENTUCKY:—First district, Dr. W. H. Kidd. Second district, Dr. A. Weber. Third district, Dr. Byron Rybug. Fourth district, Dr. R. B. Weinbach. Fifth district, Dr. T. S. Bell. Sixth district, Dr. E. E. Buckner. Seventh district, Dr. S. F. Gano. Eighth district, Dr. J. D. Foster. Ninth district, Dr. L. M. Buford.

PENNSYLVANIA:—First district, Dr. N. H. Marsella. Second district, Dr. Robert W. Kichie. Third district, Dr. Alexander C. Hart. Fourth district, Dr. J. Ralston Wall. Fifth district, Dr. E. F. Leake. Sixth district, Dr. Wm. Corson. Seventh district, Dr. R. H. Smith. Eighth district, not ascertained. Ninth district, Dr. Patrick Cassidy. Tenth district, Dr. James S. Carpenter. Eleventh district, Dr. Charles H. Humphreys. Twelfth district, Dr. Horace P. Moody. Thirteenth district, Dr. William S. Baker. Fourteenth district, Dr. George Letz. Fifteenth district, Dr. William S. Rowland. Sixteenth district, Dr. E. S. Seiss. Seventeenth district, Dr. A. Rothrick. Eighteenth district, Dr. James H. Dobbins. Nineteenth district, Dr. John Mechlin. Twentieth district,

Dr. S. S. Bates. Twenty-first district, Dr. F. C. Robinson. Twenty-second district, Dr. E. B. Simpson. Twenty-third district, Dr. John S. Kuhn. Twenty-fourth district, Dr. Robert D. Wallace.

WE understand that Mr. Van Nostrand, 192 Broadway, has in press, and will shortly publish, a "Manual of Instructions for the guidance of Examining Surgeons in determining questions of admission into or discharge from the U.S. Army. Prepared at the request of the U.S. Sanitary Commission by Dr. John Ordronaux, Prof. of Medical Jurisprudence in Columbia College, New York."

DECEASED SURGEONS OF OHIO REGIMENTS.—The following list has been furnished us, which will be read with interest. They make part of the roll of honorable dead.

NAMES.	TIME OF DEATH.	REGIMENT.
<i>Surgeons.</i>		
BROWN, L. C.	November 12, 1862.	Eighty-fifth.
CARLIN, WM. D.	January 20, 1863.	Fifty-seventh.
McMEENS, E. R.	October 30, 1862.	Third.
PIERCE, CHAS. E.	.....	.....
SPILLMAN, HENRY.	.....	Fifteenth.
<i>Assistant-Surgeons.</i>		
DAVENPORT, JAMES.	March 26, 1862.	Ninth.
DEAN, WM. T.	September 17, 1862.	Twenty-fifth.
FISHER, N. H.	January 25, 1862.	Fifty-sixth.
LEWIS, JOHN K.	October 14, 1862.	Forty-eighth.
MIXER, J. S.	.....	Forty-second.
MURPHY, E. R. P.	.....	Seventy-sixth.
NORTON, GREENLEAF C.	October 11, 1862.	Forty-sixth.
PURPLE, JOHN G.	May 13, 1862.	Twentieth.
SAYES, G. W.	.....	Hundred and Second.

In the above list we observe the name of Dr. Jno. P. Haggott is overlooked.—*Lancet & Obs.*

DR M'GOWAN, known as a Chinese and Japanese traveler, is about to proceed on a journey through the mountainous districts of China and Formosa.—*Brit. Jour.*

MILITARY CHANGES.—By order of Gen. Burnside, Dr. L. H. Holden, late Director of the Department of Ohio, has been removed, and Dr. W. H. Church, of the General's staff, assumes the duties of Medical Director of the Department. Dr. Holden remains in the city awaiting orders. As soon as Gen. B. takes the field, Dr. Church will go with him. The executive duties of the office will devolve on Dr. J. T. Carpenter, Surgeon U.S.V., and Superintendent of Hospitals in this city, Covington and Camp Dennison. He will be assisted by Dr. Holmes, Surgeon U.S.V., of Gen. Cox's staff.—*Lancet & Obs.*

OHIO STATE MEDICAL SOCIETY.—The annual meeting of the Ohio State Medical Society will be held at the White Sulphur Springs, commencing on Tuesday, June 16, 1863.—*Lancet & Obs.*

THE PHARMACOPŒIA OF 1860.—We have pleasure in stating that the stereotyping of this work is progressing rapidly, about 320 pages having passed the committee. Those unacquainted with the extreme care which is required to avoid errors or blunders, can hardly appreciate the amount of trouble which it has cost the committee, and especially the editor, Dr. Bache, so that not only shall no errors of sense be admitted, but that in language every part shall be consistent with the rest. Should no unforeseen delay occur, it is probable that the work will be ready before our next issue. The price will be at the much reduced rate of one dollar per copy, and it is greatly to be desired that every apothecary in the country, who has any regard for his profession, will obtain a copy, and use it as his guide-book for preparations. The process of percolation has been introduced most thoroughly, and the manipulation requisite to its conduction so carefully described as to leave no excuse for failure.—*Journal of Pharmacy.*

SPECIAL NOTICES.

NEW YORK COUNTY MEDICAL SOCIETY.—*A Stated Meeting of this Society will be held at the College of Physicians and Surgeons, Corner of 23d Street and Fourth Avenue, on Monday evening next, June 1st, at 8 o'clock. Subject for Discussion: "The Treatment of Continued Fever will be resumed."*

NEW YORK ACADEMY OF MEDICINE.—*On Wednesday, June 3d, Dr. J. H. VEDDER will make some remarks on the Inhalation of Steam in Croup, and other Diseases of the Air Passages; after which Dr. AUSTIN FLINT will read a paper on the "Use of Alcoholic Stimulants in Tuberculosis."*

Dr. J. Foster Jenkins has resumed
the Practice of Medicine at Yonkers.
Yonkers, N. Y., May 1st, 1863.

AMERICAN MEDICAL ASSOCIATION.

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February 20, 1863.

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